	1.	OIPE		, ,		NSMITTAL	•				
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11/	ROPES & GRAY ONE INTERNATI BOSTON, MA 02 29/2004 NNGUYEN2 0000	ONAL PLACE 110-2624	2			Ce I hereby certify that t States Postal Service addressed to the Ma transmitted to the US	ertificate of Mailing or Tra his Fec(s) Transmittal is bei with sufficient postage for f til Stop ISSUE FEE addre PTO (703) 746-4000, on the	nsmission ing deposited with the United irst class mail in an envelope ss above, or being facsimile e date indicated below.			
01	FC:1501 1370.00	na				Ginny B	lunde11	(Depositor's name)			
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03	FC:8001 30.00	DA .				November	723, 2004 ¹	(Date)			
	APPLICATION NO.	APPLICATION NO. FILING DATE			D INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.			
	10/054,712 11/13/2001			Gerald (Crabtree		APBI-P08-317	6836			
•	TITLE OF INVENTION: R		ISSUE FI	er	l pi	UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE			
	APPLN. TYPE	SMALL ENTITY						11/29/2004			
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	LAMBERTS	LAMBERTSON, DAVID A 163			530-350000						
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	Issue Fee	A check in the amount of the fee(s) is enclosed.									
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	a. Applicant claims S	in Entity Status (from status indicated above) pplicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).									
	The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the rec	is requested to apply the Iss bublication Fee (if required) ords of the United States Pat	ue Fee and Publica will not be accepted ent and Trademark	tion Fee (if and from anyone Office.	ny) or to le other t	re-apply any previous han the applicant; a re	sly paid issue fee to the appli gistered attorney or agent; or	ication identified above. the assignee or other party in			
		11/1//					ovember 23, 200				

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54,408

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FEETRANSMITTAL		Application Number				10/05471	10/054712		
for FY 2005		Filing Date				November 13, 2001			
		First I	lame	Inver	ntor	Gerald R. Crabtree			
Effective 10/01/2004. Patent fees are subject to annual revision.		Examiner Name			D. A. Lan	nbertson			
Applicant claims small entity status. See 37 CFR 1.27	Art Unit			1636					
TOTAL AMOUNT OF PAYMENT (\$) 1,700.00				cket No	o.	APBI-P08	3-317		
METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)				ontinued)	-			
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	3. ADDITIONAL FEES Large Entity Small Entity								
X Deposit Account:									
Deposit Account 18-1945	Fee	Fee	Fee	Fee	_	Fee Desc	rintion		
Number	Code	(\$)	Code	(\$)			•	Fee Paid	
Account Ropes & Gray LLP	1051	130	2051	65	-	- late filing fe			
Name The Director is authorized to: (check all that apply)	1052	50	2052	25	Surcharge sheet.	– late provision	onal filing fee or cover		
X Charge fee(s) indicated below X Credit any overpayments	1053	130	1053	130	Non-Englis	sh specificatio	n		
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to the above-identified deposit account.	1805	1,840*	1805	1,840*	Examiner Requestin Examiner	g publication o	of SIR after		
FEE CALCULATION	1251	110	2251	55		for reply within	n first month		
1. BASIC FILING FEE	1252	430	2252	215			n second month		
Large Entity Small Entity	1253	980	2253	490		for reply within			
Fee Fee Fee Fee Fee Description Fee Paid	1254	1,530	2254	765	Extension	for reply within	n fourth month		
Code (\$) Code (\$) 1001 790 2001 395 Utility filing fee	1255	2,080	2255	1,040		for reply within			
1002 350 2002 175 Design filing fee	1401	340	2401	170	Notice of A	. •			
1003 550 2003 275 Plant filing fee	1402	340	2402	170	Filing a bri	ef in support o	of an appeal		
1004 790 2004 395 Reissue filing fee	1403	300	2403	150	Request fo	or oral hearing			
1005 160 2005 80 Provisional filing fee	1451	1,510	1451			•	lic use proceeding		
SUBTOTAL (1) (\$) 0.00	1452	110	2452	55		revive - unav			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1453 1501	1,370 1,370	2453 2501	685 685		revive - uninte e fee (or reissi		1,370.00	
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Independent 5 -5** = x = 0.00	1460	130	1460	130		the Commiss	sioner		
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1202 18 2202 9 Claims in excess of 20 1201 88 2201 44 Independent claims in excess of 3	1809	790	2809	395	(37 CFR 1	.129(a))	final rejection		
1203 300 2203 150 Multiple dependent claim, if not paid	1810	790	2810	395		dditional invei (37CFR 1.129			
1204 88 2204 44 ** Reissue independent claims over original patent	1801	790	2801	395	Request fo	or Continued E	Examination (RCE)		
1205 18 2205 9 ** Reissue claims in excess of 20	1802	900	1802	900		or expedited ex application	xamination		
and over original patent	Other	fee (spec	ifv)		Publication	n fee for early,	voluntary, or	300.00	
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SUBTOTAL (2) (\$) 0.00	*Redu	iced by E	Basic Fi	ling Fee	Paid	SUBTO	TAL (3) (\$)	1,700.00	
**or number previously paid, if greater; For Reissues, see above SUBMITTED BY (Complete (if applicable))									
Name (Print/Type) Melissa S. Rones Ph.D.		ration No	- EA	400			(if applicable)) (617) 051-7653		
realite (Fillib Type) (Wellssa 3. Rolles, Fil.b.		Attomey/Agent) 34,408 Telephone (617) 931-76				<u> </u>			
Signature Date November 23, 2004									

	is being deposited with the U.S. Postal Service wi	
shown below.		
Dated: 170-3709	Signature: Multiple Signature:	(Ginny Blundell)